

Physician Booking Sheet for Scheduling Surgery Endoscopic & Pain Management

Date: _____ Time: _____ Length of Procedure _____

Patient Name _____ Phone # _____

D.O.B. ____/____/____ SS#: (last 4 digits) _____ Authorization# _____

Cell # _____ Email _____

Insurance: _____ ID#: _____

Procedure/Surgery _____

Diagnosis & code: _____

Special Needs _____

Company/Equipment _____

Date of Surgery ____/____/____ Type of Anesthesia _____

Time of Surgery _____ Procedure/CPT Code(s) _____

_____ Admit to Outpatient _____

_____ Admit to In-patient _____

Surgeon's name _____ Surgeon Fax _____

Surgeon signature & NPI #: _____

Scheduler's Email _____

Cases Scheduled by PHONE:

Call: **561.863.3857**

Cases Scheduled by FAX - (Complete this Form):

Fax: **561.473.7698**

ALL Pre-Operative Orders, including pertinent documents:

Fax: **561.473.7698**

Please ensure form is completely & fully filled out otherwise we will not be able to schedule surgery & we will have to call you to complete.

Not Part of the Legal Health Record

